

RETIREE FAQs

ELIGIBILITY

Who is eligible for retirement health benefits?

As a state or county retiree, you are eligible to enroll:

- Yourself
- Your spouse or domestic partner
- Your children under age 19 (including your domestic partner's children)
- Your children (ages 19 through 23 years of age) if full time students at an accredited college, university or technical school
- The surviving spouse of an employee killed in the performance of the employee's duty, provided he or she does not enter into marriage or domestic partnership.
- The unmarried child of an employee killed in the performance of the employee's duty, provided he or she is under 19 years of age and does not have a surviving parent who is eligible to be an employee-beneficiary.

Based on your eligibility, your employer will make a monthly contribution toward your health benefit plan premiums. Only the retiree is eligible for group life insurance. You will be eligible to enroll in the EUTF retiree medical, prescription drugs, dental and vision plans upon your retirement.

What are the requirements for domestic partnerships?

Domestic partners (d/p) are eligible for health benefits. To qualify for d/p coverage, you and your d/p must meet the following requirements:

1. You and your d/p must live in spouse-like relationship.
2. You and your d/p must intend to remain in a domestic partnership with each other indefinitely.
3. You and your d/p must have common residence and intend to reside together indefinitely.

4. You and your d/p are and agree to be jointly and severally responsible for each other's basic living expenses such as food, shelter, and medical care.
5. Neither you nor your d/p are married or a member of another domestic partnership.
6. You and your d/p are not related by blood in such a way that would prevent you from being married to each other in the State of Hawaii.
7. You and your d/p are both at least 18 years of age and mentally competent to contract.
8. The consent of you and your d/p to the domestic partnership was not obtained by fraud, force or duress.
9. Both you and your d/p must sign and date a declaration of your domestic partnership with the EUTF in such form as the EUTF board of trustees may from time to time prescribe.

Please note that there are tax consequences to you regarding any premiums paid by the employer for health benefits coverage of a domestic partner and/or the domestic partner's children if they do not qualify as your dependents under federal tax laws. Contact your tax consultant if you have specific questions about these tax issues.

PAYMENT

Will I have to pay for my health benefits?

Chapter 87A of the Hawaii Revised Statutes ("HRS") changed the way retiree health benefits premiums are covered, effective July 1, 2003. Under this law, the State legislature established maximum amounts that the employer can contribute towards the cost of each eligible retiree's health benefits premiums. The maximum amounts vary depending on when the retiree was hired and retired and how many years of service are credited to the retiree. The law allows for changes to the maximum amounts each year based on changes in the Medicare Part B premiums established by the federal government. The current maximum employer contribution amounts are shown at the end of this document. If the total premiums for all of your health benefits plans exceed the applicable maximum employer contribution amount, you will be responsible for the difference in premiums. For example, if the maximum employer contribution amount is \$1,000 and the

premiums total \$1,200, you would have to pay \$200, the difference between the \$1,200 and the \$1,000 maximum.

The new law changed employer contributions for employees who were hired after June 30, 2001. When these employees retire, the employer will only contribute towards the cost of a self-only health benefits plan. While these retired employees will still be able to enroll their dependents in an EUTF family health benefits plan, the amount of the employer's contribution will be based on the cost of a self-only plan not the cost of a family plan. In short, for these retirees, the employer will not be contributing towards the cost of coverage for their spouses, domestic partners, and dependent children. This part of the law does not apply to current and future retirees that were hired on or before June 30, 2001. Those retirees continue to receive employer contributions towards the coverage of their spouses, domestic partners and dependent children.

When I retire, how much will I pay for my health benefits?

Under HRS Chapter 87A, your share of your health benefits plan premiums will depend on your date of hire, your date of retirement, and the number of years of service credited to you by the Employees Retirement System ("ERS"). As noted above, the employer's contributions towards your health benefit plan premiums are limited to certain maximum amounts and you are responsible for any remaining unpaid portion of those premiums.

The following retirees receive up to 100% of the employer's maximum contribution:

- (a) employees who retired before July 1, 1984;
- (b) employees who were hired before July 1, 1996, retired after June 30, 1984, and who retire with ten or more years of credited service;
- (c) employees who were hired after June 30, 1996 and retire with twenty-five or more years of credited service. Employees in this category receive only up to 100% of the employer's maximum contribution for a self-only plan.

The following retirees receive 75% of the employer's maximum contribution:

- (a) employees who were hired after June 30, 1996 but before July 1, 2001, and who retire with fifteen to twenty-five years of credited service;

- (b) employees who were hired after June 30, 2001 and retire with fifteen to twenty-five years of credited, service. Employees in this category receive only up to 75% of the employer's maximum contribution for a self-only plan.

The following retirees receive up to 50% of the employer's maximum contribution:

- (a) employees who were hired on or before June 30, 1996, retired after June 30, 1984, and who retire with less than ten years of credited service;

- (b) employees who were hired after June 30, 1996 but before July 1, 2001, and who retire with ten to fifteen years of credited service;

- (c) employees who were hired after June 30, 2001 and retire with ten to fifteen years of credited, service. Employees in this category receive only up to 50% of the employer's maximum contribution for a self-only plan.

NOTE:

1. If you are a retiree hired on or after June 30, 2001, your eligible family members can still be enrolled under EUTF retiree health benefits plans. The law only limits the amount of the employer's contribution towards your health benefit plans by reference to the cost of a self-only plan. You may still obtain family plan coverage through the EUTF, but you will be responsible for the difference in premiums.
2. The new Hybrid retirement plan allows employees to retire with as little as five years of credited service at age 62. If you have less than ten years of service, you will not be receiving any employer contributions towards your health benefits plan premiums. HOWEVER, you may still be eligible to enroll in the EUTF retiree health benefits plan. You will just have to pay the entire amount of your health plan premiums out of your own pocket.

BEFORE RETIREMENT

What should I do before I make my decision to retire?

Read the reference guide for retirees to understand the EUTF's benefit program and your insurance coverage. The reference guide will be provided to you at or prior to your retirement session. If you have access to the

Internet, you may also download a copy of the reference guide from our website.

Attend a retirement session to learn about your retirement benefits and your EUTF benefits. Contact your personnel office or the EUTF customer service if you have any questions about your current EUTF enrollment status.

Call your EUTF insurance carriers or plan administrators if you have any questions about retiree health or group life insurance coverage in Hawaii, on the mainland, or in a foreign country.

When you attend your retirement counseling session with the ERS, you will have the opportunity to enroll in the EUTF retiree health benefits program. In most cases, an EUTF representative will be there to assist you and answer your questions.

IMPORTANT: YOU DO NOT HAVE TO BE ENROLLED IN AN ACTIVE EMPLOYEE PLAN PRIOR TO YOUR RETIREMENT TO QUALIFY FOR THE EUTF RETIREE PLANS. You will be eligible to enroll in any retiree plan offered by EUTF at the time of your retirement.

What should I know about my life insurance when I retire?

You are automatically enrolled in the group life insurance plan offered by the EUTF at no premium cost to you. You may change your life insurance beneficiary at any time. Please call EUTF customer service to obtain a beneficiary form. You may also download a copy of the form from our website, www.eutf.hawaii.gov.

When do my retirement health benefits begin?

When your retirement application is finalized, ERS will inform you of your effective date of retirement. You can only retire on the first day of the month or the last day of the calendar year. In all cases, the effective date of coverage will be the first day of the month. For example, if you retire on December 1, your retirement health benefits will begin on December 1. If you retire on December 31, your retirement health benefits will begin on January 1. If you owe any amounts to the EUTF, you must clear your account before you can enroll. Any money owed for past due payments must be reconciled before any contributions are made by the employer. The EUTF has the right to recover amounts you owe the EUTF under EUTF Administrative Rule 4.13(c).

DURING RETIREMENT

When is the open enrollment for retirees?

The EUTF's board of trustees establishes an open enrollment period to inform retirees about new benefit plan insurance coverage and allowable enrollment changes. The open enrollment period for retirees is generally conducted at the same time as the open enrollment for active employees. The EUTF will mail you an open enrollment package that includes a reference guide for retirees, an open enrollment application form, and other materials that may assist you during the open enrollment period. Please read these materials. During the open enrollment period, you will be able to make changes, adjustments, and other enrollment transactions that you currently can make as an active employee.

Since I have no personnel office to assist me, who do I contact for help?

All retirees will be dealing directly with the EUTF for any enrollment or health benefit issues. You may call our customer service department at 586-7390 or 1-800-295-0089 to assist you. If you have access to email, you can send your questions to our email address at eutf@hawaii.gov. If you have specific questions regarding the plans that you have, you will need to contact the applicable insurance carrier or plan administrator.

When I have changes to be made, what must I do?

It is very important that you keep the EUTF informed of any changes in your address, name or eligibility. Since the EUTF corresponds with you directly, your address must be kept updated. You are required to notify the EUTF as soon as practicable after any of your covered dependents becomes ineligible for the EUTF plans. Failure to do so may render you liable for benefits that were paid for ineligible dependents. Events where a dependent becomes ineligible include, but are not limited to:

- A child who reaches 19 years of age and does not become a full-time student
- Annulment of marriage, divorce, legal separation, or dissolution of a domestic partnership
- Death of your spouse or child

- A child who reaches 24 years of age if a full-time student
- End of a required coverage under a qualified medical support order
- Failure to complete the adoption of a child

What health benefit changes am I allowed to make after I am retired?

When you retire, you can enroll in any of the plans that the EUTF offers to retirees. Your retirement allows changes and choices that you normally would have during an open enrollment period. It does not matter what plans you were enrolled in just prior to retirement. You may change your coverage from self-only to a two-party or family or vice versa. If both you and your spouse or domestic partner are State or county retirees without children, you may both enroll separately with self-only coverage.

You do not have to be enrolled in the EUTF prior to retirement to be eligible to enroll in the EUTF retiree plans. For example, if you were covered by your spouse's medical plan and did not enroll in the EUTF plans, you will still be entitled to enroll in the EUTF plans upon retirement.

If you or your spouse or domestic partner becomes eligible to enroll in the federal Medicare Part B medical insurance plan, you or your spouse or domestic partner are required to enroll in that federal plan.

If your spouse or domestic partner is still an active employee of the State or county, you may mix or match your health benefit selections. For example, you may choose to cover your spouse/family through your retiree medical plan, but may be a dependent of your working spouse in the dental and vision plans.

Student coverage is available under the retiree plan. A student is your child from 19 through 23 years of age, attending an accredited college, university or technical school as a full-time student. The student will lose coverage upon reaching the age of 24.

If I am a Kaiser Permanente member, how will I be affected if I move out of the local area?

Kaiser plan members who move outside of the Hawaii service area and wish to continue Kaiser coverage must individually enroll in a Kaiser plan that covers the area in which they live (a "Kaiser mainland plan"). The EUTF can no longer provide a group plan for Kaiser members who live

outside of Hawaii. However, you can be reimbursed for at least some of the premiums you pay for a Kaiser mainland plan.

If you move to an area where there is no Kaiser plan coverage and you desire your employer to subsidize your health benefits plan premiums, you will have to change to one of the EUTF PPO medical and drug plans that provide coverage for EUTF participants who live outside of Hawaii.

Please be aware that the premiums and coverage by Kaiser mainland plans may differ from the premiums and coverage by Kaiser - Hawaii. If the premiums for your Kaiser mainland plan are greater than the employer's contribution for comparable Hawaii plans, you will be required to pay the difference in cost.

If you spend part of your time living in Hawaii and part of your time living elsewhere, the address that you report to Kaiser and the EUTF will determine whether or not you are eligible to remain in a Kaiser - Hawaii plan. If you intend to continue your enrollment in the Kaiser – Hawaii plan, you should always maintain your Hawaii address with Kaiser and EUTF.

When will I be reimbursed for my Kaiser mainland plan premiums?

Retirees will be reimbursed for their health premiums on a quarterly basis. Your Medicare Part B premiums will be reimbursed at the same time. The schedule of reimbursements is:

- July-September premiums: reimbursed in early October
- October-December premiums: reimbursed in early January
- January-March premiums: reimbursed in early April
- April-June premiums: reimbursed in early July.

What do I need to do to be reimbursed for my premiums?

You need to send copies of your billing statements for each quarter to the EUTF. The deadline for these is the 5th day of the last month of the quarter: September, December, March, and June. Also, when you send in your statements the first time for a new enrollment in a Kaiser mainland plan, you must send in a copy of your ID card as well.

In order to qualify for reimbursements, you must:

(a) submit proof of enrollment in your Kaiser mainland plan, which may be your billing statements or insurance premium statements

(b) designate a financial institution by completing that the Direct Deposit Agreement Form so that we may deposit your personal health insurance premiums into your bank account directly

(c) file any other documents required by the EUTF;

Where do I send these?

Send copies of statements and ID cards (if applicable) to:

EUTF, Attention: Accounting (KOS), PO Box 2121, Honolulu HI 96805

What kind of plan can I choose?

Your individual Kaiser plan must be for medical and prescription drug coverage only. If you are eligible for Medicare Part B, you must be enrolled in the Kaiser Senior Advantage Plan. Your reimbursement will be the lesser of the actual cost of the policy or the amount of the employer contribution for the most comparable health plan in Hawaii.

What if I return to full-time work for State or county government?

You will be required to enroll in the active employee benefit plans and make appropriate monthly contributions when you return to full-time work. "Full time work" means an appointment for 3 months or more and at least 50% of a full-time equivalent position. When you retire again, you will be re-enrolling in the retirees' health benefit plans and be subject to the rules in place at that time.

DEPENDENTS/SURVIVORS

What happens when the retiree passes away?

Please ensure that you inform your spouse, family or trust administrator about the procedures to receive EUTF benefits after your death. Your dependents must notify the EUTF if you pass away. The EUTF will notify the life insurance company. The life insurance company will contact your

dependents to begin the process to get life insurance proceeds to your designated beneficiaries. Report the retiree's death to the EUTF (and to ERS).

Some dependents may qualify to be enrolled in the EUTF health benefit plans upon the death of a retiree. These include the surviving spouse and unmarried children under the age of 19. Other dependents may qualify for COBRA continuation coverage upon the death of the retiree. In either case, it is important for the dependents to notify the EUTF as soon as possible after the death of the retiree.

SPECIAL RULES REGARDING SURVIVORS:

What if the retiree passes away and there is no surviving parent?

By law, when a retiree passes away and there is no surviving parent, any unmarried child of the deceased retiree who is under the age of 19 may enroll in the EUTF health benefit plans as an employee-beneficiary. The child will become ineligible for the EUTF plans if he or she subsequently marries. The child will become ineligible for the EUTF plans upon reaching the age of 19, even if the child becomes a full-time student.

What must a surviving spouse do upon attaining Medicare eligibility through age (65 years old) or disability?

When a surviving spouse becomes eligible for Medicare due to age or a disability that spouse is required to enroll in Medicare Part B to be eligible to continue health benefits coverage through the EUTF. To qualify for the retiree plan upon attaining Medicare eligibility, the surviving spouse must enroll in Medicare Part B and submit proof of enrollment to the EUTF.

What if my surviving spouse gets remarried or enters into a domestic partner relationship?

If the surviving spouse gets remarried or enters a domestic partner relationship, he or she becomes ineligible for the EUTF plans. His or her health benefits coverage will be terminated effective the first day of the pay period after the date of marriage or entry into the domestic partnership.

The children of the deceased retiree will remain eligible for coverage just as if the surviving spouse had passed away, i.e., as if the retiree had deceased and there was no surviving parent.

What if the surviving spouse passes away?

Please ensure that you inform your family or trust administrator about the procedures to follow when a surviving spouse passes away. They will need to notify the EUTF of the surviving spouse's death. Upon the surviving spouse's death, any children of the deceased retiree who are unmarried and under the age of 19 may be enrolled in the EUTF health benefits plans. However, children who are 19 or older, even if full-time students, will become ineligible and lose coverage in the EUTF plans. The guardian of any children under the age of 19 will need to submit an authorization for guardianship to the EUTF to ensure communication can continue between the EUTF and these surviving children.

MEDICARE AND HOW IT AFFECTS ME

If you have specific questions or require more details regarding your Medicare rights, go to the site below for information regarding Medicare.

<http://www.medicare.gov/>

Why am I required to enroll in Medicare Part B when I am eligible?

Section 87A-23(4) of the Hawaii Revised Statutes requires all eligible State and county retirees and their spouses to enroll in the federal Medicare Part B medical insurance plan as a condition of being enrolled in the EUTF health benefits plans. When you become eligible for Medicare, you must enroll in Medicare Part B to continue your health benefits through the EUTF. The EUTF will reimburse you quarterly for the cost of the Medicare Part B premiums. However, this reimbursement does not include any penalty premium payments charged by Medicare.

How and when will I be reimbursed for my Medicare Part B premiums?

Under current law, the amount of your Medicare Part B reimbursement is based on the Medicare premium rate that is published by Medicare in the early part of November each year. If you became eligible for Part B

reimbursements prior to July 1, 2006, your payments will either be by check or by electronic means. On April 27, 2006, the Governor signed Act 39, 2006 SLH, that requires all individuals who become eligible to receive Part B reimbursements on or after July 1, 2006 to accept direct deposit of the reimbursements. Generally, your reimbursement checks will be sent or deposited on or about the 1st work day of the months of March, June, September and December.

Who is eligible for Medicare Part B reimbursements?

You are eligible for Medicare Part B reimbursements if: (a) you are a retiree or spouse of a retiree who is eligible to enroll in the EUTF retiree plans; (b) you are enrolled in Medicare Part B; and (c) you have submitted proof to the EUTF of your enrollment in Medicare Part B. To show proof of your enrollment in Medicare Part B, you must send the EUTF a copy of your Medicare card. If you have kept the EUTF informed of your current address, the EUTF normally will send you a notice to enroll in Medicare Part B approximately two months prior to your 65th birthday month. Submit that notice with a copy of your Medicare card to the EUTF.

IMPORTANT: REIMBURSEMENT COMPUTATION IS BASED ON THE DATE OF YOUR CARD OR THE FIRST DAY OF THE MONTH IN WHICH THE EUTF RECEIVES A COPY OF YOUR CARD.

The EUTF will reimburse the full amount of the premium less any penalties.

Who is eligible for Medicare?

Generally, Medicare is available for people age 65 or older, younger people with certain disabilities, and people with end stage renal disease (permanent kidney failure requiring dialysis or transplant).

You are eligible for premium-free Medicare Part A if you are age 65 or older and you worked and paid Medicare taxes for at least 10 years. If you did not pay Medicare taxes while you worked, and you are age 65 or older and a citizen or permanent resident of the United States, you may still be able to buy Medicare Part A coverage.

While most people do not have to pay a premium for Medicare Part A, everyone must pay for Medicare Part B if they want it. The monthly premium normally is deducted from your social security, railroad retirement,

or civil service retirement check. If you do not get any of these payments, Medicare sends you a bill for your Part B premiums.

If you have questions about your eligibility for Medicare Part A or Part B, or if you want to apply for Medicare, call the Social Security Administration or visit their website at www.ssa.gov. The toll-free telephone number is: 1-800-772-1213. The TTY-TDD number for the hearing impaired is 1-800-325-0778. You can also get information about buying Medicare Part A as well as Part B.

Who is required to enroll in Medicare Part B?

Any retiree, spouse or domestic partner, who reaches age 65 and qualifies for Medicare Part B, is required to enroll with Medicare Part B. There are situations where a spouse is still working and covered by an employer's group health insurance but is still required to enroll in Medicare Part B upon reaching age 65.

Examples:

1. Retiree is age 60 and spouse is 65 years old and not working and both are covered under the EUTF retiree plan. Spouse is required to enroll in Part B. Reimbursement for spouse's Part B premium is sent to the retiree.
2. Retiree is 65 plus and spouse is 62 years old and receiving social security payments and both are covered under the EUTF retiree plan. Retiree is required to enroll in Part B but spouse is not required to enroll even though spouse receives social security payments. Reimbursement sent for retiree.
3. Retiree is 65 plus and spouse is 67 and still actively working and both are covered by the retiree plan. Both retiree and spouse are required to enroll in Part B. Even if spouse has medical coverage through the spouse's employer, the spouse is still required to enroll in Part B to be eligible for coverage through the retiree plan. Reimbursement for both the retiree and spouse is sent to the retiree.
4. Retiree is 65 plus and spouse is still working. Both are covered under the spouse's non-EUTF employer group health plan and the retiree is not enrolled in the EUTF health benefits plan. For EUTF purposes, the retiree is not required to be enrolled in Part B. If the retiree is enrolled, there is no reimbursement. Medicare also does not require

the retiree to enroll in Medicare Part B when covered by an employer group health plan.

5. Retiree is 65 and spouse is working for the State or County and chooses to provide family health benefits through the active employee's plan. Retiree cannot enroll in the same health plans for the family as the spouse. Retiree is not required to enroll in Part B as long as the retiree is covered by the spouse's employer health plan and also will not be eligible for Medicare reimbursement if enrolled in Part B.

Should I sign up for Medicare Part B if I or my spouse are still working and are covered by an employer group health insurance?

You may want to wait to sign up for Part B if you or your spouse has health coverage through an employer.

What will happen if my spouse or I fail to enroll in Medicare Part B when eligible?

EUTF Administrative Rule 5.04 states "when the retiree fails to enroll in Medicare Part B, the enrollment for the retiree and family will be cancelled from all benefit plans offered or sponsored by the EUTF." If the spouse fails to enroll, then only the spouse will be cancelled from all benefit plans offered by the EUTF. If your spouse wants to continue coverage under your retiree plan, your spouse is required to enroll in Medicare Part B even though she is still working. Enrollment in Medicare Part B is required to be eligible for coverage under the EUTF retiree plans.

What must I do to ensure that I can have continued health benefits coverage through the EUTF?

If you are under age 65 and receiving social security retirement benefits, the social security administration automatically enrolls you in the federal Medicare Part A hospital insurance plan and Part B medical insurance plan effective the first day of your birthday month. Do not decline Medicare Part B. You should receive a red-white-blue Medicare card approximately three months prior to your 65th birthday. Upon receipt of your red-white-blue Medicare card, make a photocopy and send it to the EUTF.

If you have kept the EUTF informed as to your current address, the EUTF will normally send you a notice informing you about the requirement to

enroll in Medicare Part B to continue eligibility for EUTF health benefits coverage. Complete, sign, date and send the notice back to the EUTF with a photocopy of your red-white-blue Medicare card. If you are nearing age 65 and have yet to receive social security retirement benefits, please call 1-800-772-1213 to enroll in the federal Medicare Part B medical insurance program immediately.

Can I enroll in Medicare Part B even though I don't have Medicare Part A?

Yes, as long as you:

1. are age 65 or older; and
2. are a legal resident of the U.S.; and
3. are a U.S. citizen or lawfully admitted alien who has lived in the U.S. continuously for the five year period immediately preceding the month of enrollment.

I didn't apply for Medicare when I turned 65 even though I did not have health coverage from my job or through my spouse's employer. What should I do?

If you missed initial enrollment (a seven-month period starting three months before your 65th birthday and ending three months after your birth month), you must wait to apply for Medicare until the general enrollment period during January and March of each year. Your coverage will start the following July. You must apply at your local social security office. You will pay a 10 percent Part B premium penalty for each year you delayed signing up. Your Medicare Part B reimbursements will not include payment for any penalty amounts.

The EUTF will not reimburse you the penalty amount over the basic Medicare Part B rate. Can I my delay Medicare Part B enrollment without paying higher premiums?

Yes. In certain cases, you can delay your Medicare Part B enrollment without having to pay penalty premiums. For example, if you didn't take Medicare Part B when you were first eligible because you or your spouse were working and had group health plan coverage through your or your

spouse's employer, you can sign up for Medicare Part B during a special enrollment period. However, if your spouse is covered under your retiree plan, your spouse must enroll in Medicare Part B to be covered.

MEDICARE PART D PRESCRIPTION DRUG PROGRAM

What is the Medicare Part D Prescription Drugs plans?

Beginning January 1, 2006, new Medicare prescription drug plans became available to people with Medicare. Medicare prescription drug plans provide insurance coverage for prescription drugs. Like other insurance, if you join, you will pay a monthly premium and pay a share of the cost of your prescriptions. Costs will vary depending on the drug plan you choose. Effective January 1, 2007, the EUTF PPO prescription drug benefits for retirees with Medicare and retiree dependents with Medicare are provided through a Part D plan sponsored by the EUTF. This plan combines the best of the prior EUTF PPO benefits and Medicare Part D benefits.

Do I have to enroll?

No, if you have the EUTF PPO, you are automatically enrolled in the Part D plan sponsored by the EUTF.

What if I have the Kaiser Permanente Senior Advantage medical plan?

All Medicare eligible members are enrolled in the Medicare Part D plan through Kaiser Senior Advantage. The EUTF enhances the Medicare Part D coverage with supplemental drug benefits that makes your current prescription drugs coverage better than the standard Medicare Part D plan. There is no additional cost for the Medicare Part D premiums.

What happens to my EUTF coverage if I choose to enroll in a non-EUTF Part D plan?

You will lose your prescription drug coverage through the EUTF for yourself and all dependents. This means that if your spouse is not eligible for Medicare, your spouse may not have any prescription drug coverage. You may continue medical coverage through the PPO.

If I enroll in a non-EUTF Part D plan, will I be reimbursed for my Medicare Part D premiums?

No.